

41  
12-29-03  
RECEIVED

1631

JAN 12 2004		EXPRESS MAIL NO. EV 182099934US	
<b>TECH CENTER 1600/2900 TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application No.	09/782,171
		Filing Date	February 12, 2001
		First Named Inventor	Sushma Pati
		Examiner Name	Carolyn L. Smith
		Group Art Unit	1631
Total Number of Pages in This Submission		Attorney Docket No.	A-68957-1/AMP/JFB

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>check</b> <b>postcard</b>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Ann M. Caviani Pease (Reg. No. 42,067)	
Signature	<i>John F. Brady (Reg. No. 39,118) for Ann M. Caviani Pease</i>	
Date	12-23-03	



**AMENDMENT  
FEE CALCULATION  
2003**

EXPRESS MAIL NO. EV 182099943US

Complete if Known

Application No.	09/782,171
Filing Date	February 12, 2001
First Named Inventor	Sushma Pati
Group Art Unit	1631
Examiner Name	Carolyn L. Smith
Atty. Docket Number	A-68957-1/AMP/JFB

**RECEIVED**

JAN 12 2004

TECH CENTER 1600/2900

Claims as Amended in Response to Office Action dated: June 30, 2003

METHOD OF PAYMENT (Check One)	AMENDMENT FEE CALCULATION (Continued)																																																																
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>50-2319</u> Deposit Account Name: <u>DORSEY &amp; WHITNEY LLP</u> <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)	<b>3. ADDITIONAL FEES</b>																																																																
2. <input checked="" type="checkbox"/> Check Enclosed	<table><thead><tr><th>Large Entity Fee</th><th>Small Entity Fee</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>410</td><td>205</td><td>Extension for reply within second month</td><td></td></tr><tr><td>930</td><td>475</td><td>Extension for reply within third month</td><td>\$475.00</td></tr><tr><td>1,450</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1,970</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>110</td><td>55</td><td>Terminal Disclaimer Fee</td><td></td></tr><tr><td>110</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr><tr><td>1,300</td><td>650</td><td>Petition to revive – unintentional</td><td></td></tr><tr><td>1,300</td><td>650</td><td>Utility/Reissue issue fee (inc. advance copies)</td><td></td></tr><tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>180</td><td>180</td><td>Submission of IDS</td><td></td></tr><tr><td>750</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr></tbody></table>	Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid	110	55	Extension for reply within first month		410	205	Extension for reply within second month		930	475	Extension for reply within third month	\$475.00	1,450	725	Extension for reply within fourth month		1,970	985	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		110	55	Terminal Disclaimer Fee		110	55	Petition to revive – unavoidable		1,300	650	Petition to revive – unintentional		1,300	650	Utility/Reissue issue fee (inc. advance copies)		130	130	Petitions to the Commissioner		180	180	Submission of IDS		750	375	Request for Continued Examination (RCE)	
Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid																																																														
110	55	Extension for reply within first month																																																															
410	205	Extension for reply within second month																																																															
930	475	Extension for reply within third month	\$475.00																																																														
1,450	725	Extension for reply within fourth month																																																															
1,970	985	Extension for reply within fifth month																																																															
320	160	Notice of Appeal																																																															
320	160	Filing a brief in support of an appeal																																																															
280	140	Request for oral hearing																																																															
110	55	Terminal Disclaimer Fee																																																															
110	55	Petition to revive – unavoidable																																																															
1,300	650	Petition to revive – unintentional																																																															
1,300	650	Utility/Reissue issue fee (inc. advance copies)																																																															
130	130	Petitions to the Commissioner																																																															
180	180	Submission of IDS																																																															
750	375	Request for Continued Examination (RCE)																																																															
<b>AMENDMENT FEE CALCULATION</b>																																																																	
<b>1. EXTRA* CLAIM FEES</b>																																																																	
<table><thead><tr><th>Claims Remaining after Amendment</th><th>Highest Number Previously Paid for</th><th>Present Extra</th><th>Fee from Below*</th><th>Additional Fee</th></tr></thead><tbody><tr><td>Total 20</td><td>- 20</td><td>= 0</td><td>x \$00.00</td><td>= \$ 00.00</td></tr><tr><td>Indep. 5</td><td>- 4</td><td>= 1</td><td>x \$43.00</td><td>= \$43.00</td></tr><tr><td>First Presentation of Multiple Dependent Claim</td><td></td><td></td><td>x</td><td>=</td></tr><tr><td colspan="4">Subtotal (1)</td><td>\$43.00</td></tr></tbody></table>	Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee	Total 20	- 20	= 0	x \$00.00	= \$ 00.00	Indep. 5	- 4	= 1	x \$43.00	= \$43.00	First Presentation of Multiple Dependent Claim			x	=	Subtotal (1)				\$43.00																																								
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee																																																													
Total 20	- 20	= 0	x \$00.00	= \$ 00.00																																																													
Indep. 5	- 4	= 1	x \$43.00	= \$43.00																																																													
First Presentation of Multiple Dependent Claim			x	=																																																													
Subtotal (1)				\$43.00																																																													
<b>*Calculation of Extra Claim Fees</b>																																																																	
<table><thead><tr><th>Large Entity Fee</th><th>Small Entity Fee</th><th>Fee Description</th></tr></thead><tbody><tr><td>18</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>86</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>290</td><td>145</td><td>Multiple dependent Claim</td></tr><tr><td>86</td><td>43</td><td>Reissue independent claims over original patent</td></tr><tr><td>18</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr></tbody></table>	Large Entity Fee	Small Entity Fee	Fee Description	18	9	Claims in excess of 20	86	43	Independent claims in excess of 3	290	145	Multiple dependent Claim	86	43	Reissue independent claims over original patent	18	9	Reissue claims in excess of 20 and over original patent																																															
Large Entity Fee	Small Entity Fee	Fee Description																																																															
18	9	Claims in excess of 20																																																															
86	43	Independent claims in excess of 3																																																															
290	145	Multiple dependent Claim																																																															
86	43	Reissue independent claims over original patent																																																															
18	9	Reissue claims in excess of 20 and over original patent																																																															
	<b>Subtotal (2)</b> \$475.00																																																																
	<b>Total Amount of Payment:</b> \$518.00																																																																

**Submitted by:**

Name: Ann M. Caviani Pease

Reg. No.: 42,067

Telephone: (650) 494-8700

DORSEY & WHITNEY LLP

CUSTOMER NUMBER 32940

Signature:

*John F. Brady (Reg. No. 39,118) for Ann M. Caviani*

Date:

12/23/03

*Pease*